	Amendment	
Independent Expenditure Report Cover	☐ Yes	₩ No
This form should be accompanied by forms CBO 2210B and CBO 2210C. For statutory guidance, placed refer to N.C.G.S. 8 163-278 12 &	163 278 6(0a)	

This form should be accompanied by forms CRO-2210D and CRO-2210C. To see	nutory guidance, prease refer to	0 14.0.0.5. 9 105	-276.12 & 103.276.0(3a).			
1. Reporting Entity Information						
a, Full Name of Entity Making Disbursement	d. Entity Type (Check One)	e. Federal ID Numl	ber (if applicable)			
Union County Library Foundation, Inc	Individual Other Organization	56-1601255				
b. Mailing Address (include City, State and Zip Code) and Phone Number	☐ Nonprofit Organization f. Date Filed					
316 East Windsor St		1024	2016			
Monrae, NC 28112	g. Employer's Name or Principal	h. Occupation				
<u>'</u>	Ma		n/a			
c. Report Type	<u> </u>					
☐ Initial Quarterly: ☐ First ☐ Second ☐ Third ☐ 48 Hour ☐ Semi-Annual: ☐ Mid Year ☐ Year End ☐ Other	Fourth (Specify)					
2. Report Year 3. Period Start Date (mm/dd/yyyy)		d Date (mm/d	ld/yyyy)			
2016 9/1/2016	10/24	12016				
5. Custodian of Books						
a. Full Name of Entity's Custodian of Books and Accounts	These are a	or only	expenditures.			
Karen Bowner	Notsubject	to 604	vie reports.			
b. Mailing Address (include City, State and Zip Code) and Phone Number	c. Employer's Name or Principal I	Place of Business	\			
7032 Stirrup Ct 204.661.0329 Emma Property Management, MC						
Weddington NC 28104 Grocety Management						
Weading for 190 Well 1	Property Mo	wagen	rent			
6. Total Donations ALL Pages		V	s Ø			
7. Total Expenditures ALL Pages			s			
CERTIFICATION						
I certify that this statement is complete, true and correct.) Q		, ,1			
Raren Doroman To	Jun Journe Signature	-	10/24/16 Date			

Use this form to identify each person or entity making a donation of more than \$100, or \$1,000 during the 48 hour reporting period to the entity filing the report if the donation was made to further the reported independent expenditure or contributions

Donation Information			
Item b. Full Name, Mailing Address & Phone Number Num (Include city, state, and zip)	c, Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
Num juncture city, state, and app	Ma.	Na	\$ Ø
			\$
	-		\$
			\$
			\$
			\$
. Total Donations THIS Page (sum all the 'le' entries on the	is page)		s Ø
Total Donations ALL Pages (sum all the 'le' entries on al	s 'd		

Page 1 of 4

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also

be used to report incurred costs of	\$5,000 or more before an election but a	after the period cov	ered by the last report due b	efore that election. Re	egistered committees use fo	rm CRO - 2520.	and the second
1. Expenditure Inform	nation						
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c, Comm	mication Start Date	_ • • •	uding title(s) of communi		
Inv.#528#1	9/30/2016	9	30/2016	Favcati	onal Brochur	e "learniv	g Is A lifetime Endez
e. Full Name, Mailing Address (i	nclude city, state, and zip) & Phone	Number			Talagara estara de la composición della composic		Y. Amount
Cornerston 1101 Haynos Raleigh,	e Solutions No 3 St, Suite of NC 27604	C, WC 1003	919-803-	-3700			\$ 1500.60
Candidate Full Name	A	mount	Office Sought				
	Support Oppose \$		☐ House ☐ Senat	e District:	Co./Municipal Of	fice _ County/District	Co
Candidate Full Name		mount	Office Sought				
	Support Oppose \$		☐ House ☐ Senat	e District:	Co./Municipal Of	fice _County/District	Co
Referendum Name					Date	Level	
Union Cour	ty Library Be	nds		Suppor Oppos		State Municipa	County
a. Item Number	b. Incurred Date (nun/dd/yyyy)	e. Comm	ınlcation Start Date	d. Purpose (incl	uding title(s) of communic	ation(s))	
Inv. #528 #2	9/30/16	91:	30/16	Survey	Rosearch-	Campa	ign Design
	nclude city, state, and zip) & Phone i		Was a second	The part of the Jo			f. Amount
1101 Havne	e Solutions es 54. Suite C 27604	003	19-203	-370C)		\$ 4500.00
Candidate Full Name		mount	Office Sought				
	Support Oppose \$		☐ House ☐ Senat	e District:	Co./Municipal Of	fice County/District	Co
Candidate Full Name	A	mount	Office Sought				
	Support S	,	☐ House ☐ Senat ☐ Other Office:	e District:	Co./Municipal Of	fice _County/District	Co
Referendum Name					Date	Level	
Union Coun	ty Library E	Bonds		Suppos		State Municipa	☑/County lity
2. Total Expenditures	THIS Page	(sum all t)	e 'If' entries on this page)		e de Village, Paja 🎉 iki iki		s 6,000°
3. Total Expenditures	AI.I. Pages	(sum all th	e 'll' entries on all expendi	ture pages)			s 41 5000

Page 2 of 1

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also

be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

1. Expenditure Information							
a, Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))				
Inv.#528#3	9/30/2016	9/30/2016	Consulting Fee-De	slan Campaign			
	include city, staté, and zip) & Phone No			f. Amount			
Cornerston	e Solutions NO 5 St, Suite of	2,40					
1101 Hayros	s St, Suite a	<i>0</i> '3	_	\$ 4,000.00			
Raleigh,	NC 27604	919-803-	3700	() ()			
Candidate Full Name ^O		ount Office Sought					
	Support Suppose	House Senate	District: Co./Municipal Office County/Dis	triet:			
Candidate Full Name	Am	ount Office Sought					
	Support \$	House Senate	·	Co			
Referendum Name	Oppose *	Other Office:	County/Dis	Ariet:			
I	ty Library Bo	nds	Support 1/8/16 State	County			
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))				
INV.#	9/30/16	9/30/16	Direct Mailing- "learning	Is A lifetime Endeau or			
	nclude city, state, and zip) & Phone Nu			f. Amount			
Cornerston	e Solutions	VC, LC					
1101 Haune	25 54. Svite	003		\$ (6,950.00			
Raleigh, N	C 27604	919-203-	·3700	(0) 100.			
Candidate Full Name		ount Office Sought					
	Support \$	House Senate	District: Co./Municipal Office County/Dis	Co			
Candidate Full Name	Oppose	Other Office: Ount Office Sought	County/Dis	ind:			
Candidate Fill Hante	Support	House Senate	e District: Co./Municipal Office	Co			
•	Oppose S	Other Office:	County/Dis	strict;			
Referendum Name			Date Level				
Union Coun	ity Library B	onds	Support ☐ Oppose \ \ \ \ \ \ \ \ \ \ \ \ \				
2. Total Expenditures	THIS Page	(sum all the 'If' entries on this page)		1820,950.00			
3. Total Expenditures	ALL Pages	(sum all the 'If' entries on all expendit	ure pages)	\$ 41,500.00			

Page 3 of 4

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also

be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520. 1. Expenditure Information a. Item Number b. Incurred Date (mm/dd/yyyy) d. Purpose (including title(s) of communication(s)) c. Communication Start Date Libraries 30/2016 e. Full Name, Mailing Address (include city, state, and zip) & Phone Number f. Amount Cornerstone Solutions NC, LLC 1101 Hayros St, Suite cos 919-803-3700 27604 Candidate Full Name^t Office Sought Amount ☐ House ☐ Senate District: Co./Municipal Office Support Oppose Other Office: County/District: Office Sought Candidate Full Name Amount Support
Oppose House Senate District: Co./Municipal Office Co. Other Office: County/District: Referendum Name Level County Support ☐ State Countu Libraru Bonds Union Municipality Oppose b, Incurred Date (mm/dd/yyyy) d. Purpose (including title(s) of communication(s)) c, Communication Start Date . Item Number Build Microsite "Vokyesunion, com" 9130116 INV.非 913016 . Full Name, Maliing Address (include city, state, and zip) & Phone Number Cornerstone Solutions NC, L 1101 Haynes St. Svite 003 919-9,03-3700 27604 Candidate Full Name Amount Office Sought ☐ House ☐ Senate District: Co./Municipal Office Co. Support Oppose Other Office: County/District: Office Sought Candidate Full Name Amount ☐ House ☐ Senate District: Co./Municipal Office Support Co. Oppose Other Office: County/District: Level Referendum Name Date County **☑** Support State Bonds Union County LIbraru Municipality Oppose 2. Total Expenditures THIS Page $\supset \infty$ (sum all the 'If' entries on this page) (sum all the 'If' entries on all expenditure pages) 3. Total Expenditures ALL Pages

Page A of A

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also

be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

1. Expenditure Information							
a. Item Number	b. Incurred Date (mm/dd/yyyy)	e, Comm	unication Start Date	d. Purpose (includ	ing title(s) of communication	on(s))	
Inv.#527*3	9/30/2016		30/2016	Online	Advertisin	9 (Fac	ebook)
e. Fuil Name, Mailing Address (i)	nciude city, state, and zip) & Phon	e Number				<u>ا</u>	Amount
Cornerstone	e Solutions N 5 St, Suite	1C, LLC					
1101 Hayros	5 St, Suite	E'00	010 0-0	n			\$ 7000.00
Raleigh,	NC 27604		919-803	-3700			
Candidate Full Name		Amount	Office Sought				
	Support Oppose	ŝ	☐ House ☐ Sena☐ Other Office:	te District:	Co./Municipal Office	ounty/District:	Co
Candidate Full Name	I — oblose	Amount	Office Sought				
	Support	\$	☐ House ☐ Sena	te District:	Co./Municipal Office		Co,
Referendum Name	Oppose	L	Other Office:			'ounty/District:_ Level	· · · · · · · · · · · · · · · · · · ·
4	, Libaa, A			Support	walu	State	County
		onds		☐ Oppose	11/2/10	☐ Municipali	(y
a. Item Number	b: Incurred Date (mm/dd/yyyy)	c. Comm	unication Start Date		ing title(s) of communication		
Inv. #527#4	9/30/16		30/16	Video	Display/Fa		
	iclude city, state, and zip) & Phon			<u>-</u>	· · · · · · · · · · · · · · · · · · ·		f. Amount
Cornerston	e Solutions	NC, I	1			İ	
1101 Havne	s 54. Svite	CO0 -	_				\$4000,00
Raleigh, N	s 54. Svite C 27604		919-803	-3700			
Candidate Full Name		Amount	Office Sought	57.7.1	F		
	Support Oppose	\$	☐ House ☐ Sena ☐ Other Office:	ite District:	Co./Municipal Office	ounty/District:	Со
Candidate Full Name	Oppose	Amount	Office Sought		· · · · · · · · · · · · · · · · · · ·	vonty/District.	
	Support	<u> </u>	House Sena	te District:	Co./Municipal Office		Co
	Орроѕе	<u> </u>	Other Office;			ounty/District:	
Referendum Name		· · · · · · · · · · · · · · · · · · ·		Support	101	Level State	County
Union Coun	ty Worary.	Bonds		Oppose		☐ Municipali	
2. Total Expenditures	THIS Page	(sum all t	he 'lf' entries on this page)				\$ 11,000,00
3. Total Expenditures	ALL Pages	(sum all t	he 'If' entries on all expend	liture pages)			s 41,500,00